

State of New Jersey  
Department of Law & Public Safety  
Division of Criminal Justice

APPLICATION  
FOR  
EMPLOYMENT



THE STATE OF NEW JERSEY IS AN  
EQUAL OPPORTUNITY EMPLOYER

## **APPLICATION FOR EMPLOYMENT**

Formed under the Criminal Justice Act of 1970, the Division of Criminal Justice is the extension of the Attorney General's role as the State's Chief Law Enforcement Officer.

New Jersey's unified, integrated system of law enforcement is unique in the nation. The Criminal Justice Act of 1970 designated the Attorney General as the Chief Law Enforcement Officer of the State. The Division of Criminal Justice, on behalf of the Attorney General, provides a variety of functions pertaining to the administration of criminal justice.

Primarily, the Division is charged with the responsibility to detect, enforce and prosecute the criminal business of the State through the uniform and efficient administration of our criminal laws. In addition to its direct law enforcement operations, the Division provides oversight and coordination within New Jersey's law enforcement community.

The activities of the Division are conducted through a staff consisting of deputy attorneys general, rank and file law enforcement, professional and clerical personnel.

It is the goal of the Division of Criminal Justice to coordinate law enforcement efforts and cooperate to share resources within criminal justice communities on the state, county and municipal levels, to ensure the safety and security of all New Jersey citizens.

**Application Form**  
**Detective, Professional and Clerical Personnel**

The completed application form and attached certification should be returned to

Chief of Staff  
Division of Criminal Justice  
Richard J. Hughes Justice Complex  
25 Market Street  
P.O. Box 085  
Trenton, NJ 08625

If you have any questions concerning the completion of the application, its attachments or its utilization in the employment process, please contact the Chief of Staff at the above noted address or by telephone at (609) 984-6500.

**Privacy Act Notice**

You need not provide your social security number at this time but it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, if a background investigation is required for the position for which you are applying, your social security number will be used as an identifier in performing that investigation.

## APPLICATION

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Best contact #: \_\_\_\_\_

Social Security #: (See Privacy Act Notice on Page 2): \_\_\_\_\_

Drivers License #: State \_\_\_\_\_ License #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

\_\_\_\_\_

**Education Record:**

High School: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
(Month & Year) (Month & Year)

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
(Month & Year) (Month & Year)

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree: \_\_\_\_\_ Class Standing: \_\_\_\_\_

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

Law School: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
(Month & Year) (Month & Year)

Degree: \_\_\_\_\_ Class Standing: \_\_\_\_\_

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

Other School or Training Courses (Include business, vocational, technical and service schools you have completed that are related to the title for which you are applying):

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Professional Accreditation (RN, CPA, CFE, etc.)

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Language Skills other than English - List the languages and indicate your knowledge (fluent/good/limited):

| <u>Language</u> | <u>Reading</u> | <u>Writing</u> | <u>Speaking</u> | <u>Understanding</u> |
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**Employment Record:** (Begin with present position and work back)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Do you have any objection to the Division of Criminal Justice making inquiries to any of the above listed employers?    ☐ Yes    ☐ No    If "Yes", please indicate reason:

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**References:** Set forth at least three (3) names and addresses. Please provide complete addresses and telephone number if available.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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Professional Affiliations: \_\_\_\_\_

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Awards: \_\_\_\_\_

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Publications: \_\_\_\_\_

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Civic Activities: \_\_\_\_\_

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**Miscellaneous:**

1. Have you ever been convicted of a violation of law other than a motor vehicle violation or been placed in a pre-trial intervention program? ☐ Yes ☐ No If "Yes", please explain:

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2. Have you ever been disciplined by an employer, military establishment or educational institution for improper conduct? ☐ Yes ☐ No If "Yes", please explain:

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(Note: A response of yes to either of the above questions will not necessarily result in a denial of employment.)

3. Are you engaged in any business or employment which you plan to continue if employed by the State? ☐ Yes ☐ No If "Yes", please explain:

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4. Would the nature of any other of your activities or circumstances present possible conflicts of interest should you be employed by the State? ☐ Yes ☐ No If "Yes", please explain:

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5. Please add any additional information which will help us in placing you where you are best qualified.

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I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and agree to the terms and conditions set forth herein.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please attach any other relevant material which you wish to be considered by this office.**

**CERTIFICATION**

I authorize the Division of Criminal Justice to verify any and all information in my application for employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in Ink)

\_\_\_\_\_  
(Print or type name)

Sworn and subscribed to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name and Title)

Notary Public, my Commission

expires \_\_\_\_\_  
(Affix Notarial Seal)

Execute before a Notary Public or an Attorney-at-Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this Certification to this office and one will be provided without charge.

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, mental or veteran status, the presence of non-job related medical conditions or disability or any other legally protected status.

Date: \_\_\_\_\_ Position(s) applied for: \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Relative ☐ Walk-in ☐ School ☐ Employee

☐ Government Employment Agency ☐ Private Employment Agency

☐ Other (Specify) \_\_\_\_\_

☐ Name of Source (If Applicable) \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your response to this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Please use the enclosed envelope to mail this information to: Equal Employment Opportunity and Affirmative Action Officer, Richard J. Hughes Justice Complex, P.O. Box 081, Trenton, NJ 08625

Check one: ☐ Male ☐ Female

Check one of the following Race/Ethnic Groups:

☐ Hispanic ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

(Veteran) ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

**To be completed by applicant - not for interview purposes - to be filed separately from application with Divisional Affirmative Action Officer.**